U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
12946	0/ / 01 / 2004 Through: [12/31] / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JERRY COOK	Name TEAMSTERS LOCAL UNION 997
	Labor Organization File Number 804-930
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Sunte 102
Street [1500 ROCKINODR	Street [137 Sycamone School Rd, #
City F1 WORTH	City Et WORTH TEXAS
State FY 45 ZIP Code +4 76134	State <u>TEXAS</u> ZIP Code + 4 <u>76/34</u>
5. Position in labor organization. TRUSTEE	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
	EMPLOYEE BEER GIVEN AWAY TO
Name MILLER BREWING CO./SAB	ALLEM PLOYEES - MOST OR ALL BEER
Trade Name, if any:	IS WOT SALE 4 BLE
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 700/ Sout It FREE WAY	
City Ft WORTH	\$160.00
State	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed Jenny Congle	On [8-5-05] 810-568-2756 Telephone Number

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. If any items were omitted it was purely unintentional, and if it comes to my attention in the future that there is a matter, which should have been reported for calendar year 2004, I will file an amended Form LM-30.